

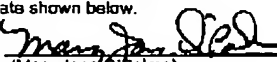
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Dated: November 13, 2006

Signature:

  
(Mary Jane Palma)Docket No.: ALXN-P01-102  
(PATENT)**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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In re Patent Application of:

Yi Wang

Application No.: 10/655,861

Confirmation No.: 7250

Filed: September 5, 2003

Art Unit: 1644

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For: METHOD OF TREATMENT OF ASTHMA  
USING ANTIBODIES TO COMPLEMENT  
COMPONENT C5

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Examiner: Vandervegt, Francois P.

**RESPONSE TO RESTRICTION REQUIREMENT**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the restriction requirement set forth in the Office Action mailed October 12, 2006, Applicant hereby elects claims in Group I without traverse for continued examination. Please enter the following amendments.

Amendments to the claims begin on page 2 of this paper.

Remarks begin on page 9 of this paper.

11/15/2006 SLUANG1 00000015 181945 10655861

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**FAX TRANSMISSION****DATE:** November 13, 2006**PTO IDENTIFIER:** Application Number 10/655,861  
Patent Number**Inventor:** Yi Wang**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** FISH & NEAVE IP GROUP, ROPES & GRAY LLP  
Xuqiong Wu, Ph.D.**PHONE:** (617) 951-7728**Attorney Dkt. #:** ALXN-P01-102**PAGES (Including Cover Sheet):** 11**CONTENTS:** Fee Transmittal (1 page)  
Response to Restriction Requirement (9 pages)  
Charge \$150.00 to Deposit Account No. 18-1945  
This Facsimile Cover Sheet (1 page)

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PTO/SB/H7 (07-08)

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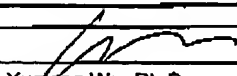
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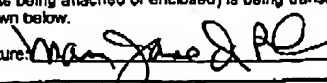
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number 10/655,861 Filing Date September 5, 2003 First Named Inventor Yi Wang Examiner Name Vandervegt, Francois P. Art Unit 1644 Attorney Docket No. ALXN-P01-102	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 150.00			

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number 18-1945    Deposit Account Name Fish & Neave IP Group, Ropes & Gray LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<u>Fee Description</u>							<u>Small Entity</u> <u>Fee (\$)</u>
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
<u>Total Claims</u> = 6	<u>Extra Claims</u> x 25.00	<u>Fee Paid (\$)</u> 150.00				<u>Multiple Dependent Claims</u> <u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u> 0	<u>Extra Claims</u> - 20 = 0	<u>Fee (\$)</u> x 200.00	<u>Fee Paid (\$)</u> 0.00				
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u> - 100 =	<u>Extra Sheets</u> / 50	<u>Number of each additional 50 or fraction thereof</u> (round up to a whole number) x	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							

<b>SUBMITTED BY</b>			
Signature 	Registration No. (Attorney/Agent) 55,745	Telephone (617) 951-7728	
Name (Print/Type) Xuqiong Wu, Ph.D.	Date November 13, 2006		

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Dated: November 13, 2006	Signature:  (Mary Jane DiPalma)